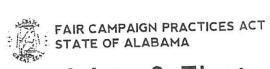
Type of Report (check one)

Monthly



Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**

SEP 0 6 2022

SCOTT W. HASSELL JUDGE OF PROBATE

Amended Monthly

	Please Print in Ink or Type.	-II-A A	Eliation	7	Weekl	у	Amended Weekly	
	e of Candidate or Elected Official Political Party/Ba	A JOHE	milation		For Monthly Rep	ports		
DIXIE /VINATIZA Office Sought or Held (include district or circuit number, if applicable)					Month for which report is filed.	the		
CITY COUNCIL DISTILICT 6					For Weekly Rep		GENTA	
Addr	ddress Check box if reporting new address				Date of Friday in week for which the		404	
0	3009 WGST NICICHAN BLVD State ZIP Code Telephone Number			-	report is filed. Total Number o	f	3030	
CONTROL STATE STATE STORES PAGES							3	
	ANOMEN, AL SOTOT BOOKES						CANDIDA VIOLENCIA COM	
Sı	ımmary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)					1		
	Cash Contributions				1. 0			
2a	fremized cash contributions (total norm)	2a	30	0	UD			
2b	Non-itemized cash contributions	2b				0		
2c	Total cash contributions (add lines 2a and 2b)					2c <	550.00	
	In-Kind Contributions					í		
3a	Itemized in-kind contributions (total from Form 3)	3a						
	Non-itemized in-kind contributions	3b						
	Total in-kind contributions (add lines 3a and 3b)	3c			0]		
	Receipts from Other Sources	_				ı		
4a	The Courses (total from Form 4)	4a						
4b	Non-itemized Receipts from Other Sources	4b				-		
4c	the sources (add lines 4a and 4h)					4c		
	Expenditures	1	1			٦		
5a	Itemized expenditures (total from Form 5)	5a	11	0	.60	\dashv		
	Non-itemized expenditures	5b				-		
50	() Librar Fo and Fh					5c	115.60	
	Expenditures on Line of Credit	_	т			٦		
68	Itemized expenditures (total from Form 6)	6a				4		
6t	Non-itemized expenditures	6b	-			-		
60	Total expenditures on credit (add lines 6a and 6b)	60	:		0	+	1.0	
7		:)				7	434.40	
						- 41-1-	loth day of	
	As required by the Alabama 1 and Campaign 1 december 1 and Sworm to and Subscribed Belove me and							
att	the bad const(s) and the information contained nerelli ale							
true and correct and that this information is a full and complete the adaptive and that this information is a full and complete the adaptive and of the year Adaptive and other required the adaptive and the second true and correct and that this information is a full and complete the adaptive and the year Ada								
in	formation during the applicable period of time.	4	hua	4	elsar	<u>U_</u>		
1	M Mull Street Street	gnatu	re of Nota	ry P	ublic			
S	ignature of Candidate or Elected Official Date	LV			50h			
	Pri	IUI IM	tary's Na	1110				

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

FORM REVISED 10.27.2011



550.00

DIXIE MINATRA NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **AMOUNT** DATE **ADDRESS** CONTRIBUTOR OF CONTRIBUTION Business or Corporation Individual (ADDRESS SHOULD INCLUDE Other (INCLUDE FULL NAME) CONTRIBUTION RECEIVED STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) A S AUG 28 419 TORRENTINE AVE CAUGUEN, AL BE901 LINDA 50.00 4606 AUG 30 14 FAIRHILL RUAD 500,00 CUIFTON DARK, NY 12065 2022 INCENIE

TOTAL CASH CONTRIBUTIONS THIS PAGE

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: DIXIE MINATOR When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT** DATE OF **ADDRESS** PERSON/GROUP/BUSINESS **OTHER** Administrative Advertising
Consultants/
Polling
Charitable
Contribution
Food EXPENDITURE OF (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE **EXPENDITURE** (mo./day/yr.) STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (INCLUDE FULL NAME) **BRIEF EXPLANATION** 20089 ROBERT MOORE 1100 FORRESTAVE 115.60 4606 CADODEN, AL 35901 DRINTING TOTAL EXPENDITURES THIS PAGE 115.60 **FORM REVISED 10.27.2011**